

# State of Connecticut

GENERAL ASSEMBLY



## PERMANENT COMMISSION ON THE STATUS OF WOMEN

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Testimony of  
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Before the  
Insurance Committee  
Thursday, February 17, 2005

### In Support of:

HB 6124 AAC The Extension of Health Insurance Benefits for Divorced Spouses  
HB 6277 AAC Continuation of Health Insurance Coverage for Divorced Spouses  
SB 28 AAC Health Insurance Coverage for Breast Cancer Screening  
SB 30 AAC Health Insurance Coverage for Breast Cancer Screening for Individuals with a Family History of Breast Cancer  
SB 434 AAC Health Insurance Coverage for Ultrasound Breast Cancer Screening  
HB 5712 AAC Health Insurance Coverage for Breast Cancer Screening Using Magnetic Resonance Imaging  
SB 130 AA To Study Health Insurance Coverage for Treatment of Obesity  
HB 508 AAC Health Insurance Benefits for the Diagnosis and Treatment of Infertility

Good afternoon Senator Crisco, Representative O'Connor and members of the Committee. My name is Natasha Pierre and I am the Associate Legislative Analyst for the Permanent Commission on the Status of Women. Thank you for this opportunity to testify in support of several bills before you today.

**HB 6124 AAC The Extension of Health Insurance Benefits for Divorced Spouses**  
**HB 6277 AAC Continuation of Health Insurance Coverage for Divorced Spouses**

PCSW supports passage of HB 6124 and HB 6277, which would continue eligibility for a former spouse to maintain group health insurance coverage in the case of a divorce.

Currently, an insured individual cannot continue to provide coverage for an ex-spouse under an existing plan. Instead, the individual must pay for COBRA benefits or other insurance. Both these mechanisms are extremely expensive, resulting in loss of income to the household or lack of insurance coverage if the individual cannot afford to pay for a separate policy. Additionally, the COBRA option is only for three years.

However, if families could continue coverage under a group plan, it is roughly estimated that the cost would be an insurance premium increase of 1.5% to 1.7%, and only a 3% increase in the number of eligible adults.<sup>1</sup> Thus, families will save money by having access to a group health insurance plan, rather than buying COBRA or being uninsured. It is in the best interest of the entire family to have health insurance coverage, especially during a time of family transition.

**SB 28 AAC Health Insurance Coverage for Breast Cancer Screening**  
**SB 30 AAC Health Insurance Coverage for Breast Cancer Screening for Individuals with a Family History of Breast Cancer**  
**SB 434 AAC Health Insurance Coverage for Ultrasound Breast Cancer Screening**  
**HB 5712 AAC Health Insurance Coverage for Breast Cancer Screening Using Magnetic Resonance Imaging**

PCSW and the Connecticut Women's Health Campaign, a group of other thirty organizations with expertise on public policy matters related to women's health care, support passage of these bills, which would provide alternative means of testing for the presence of cancerous tumors. Specifically, the bills would require health insurers to offer mammograms, MRIs, and ultrasounds for high risk patients or patients with a family history of breast cancer and/or fatty or dense breast tissue.

Although the mammogram has been the most widely used technique for detecting cancerous tumors, it may not be effective for certain age groups. For example, with a mammogram bone shows up as white on an x-ray, fat shows up as gray, and a cancerous tumor will appear as light gray or white.<sup>2</sup> However,

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<sup>1</sup> Analysis by Community Catalyst based on U.S. Census Bureau data regarding the number of working, uninsured, divorced adults.

<sup>2</sup> Susan G. Komen Breast Cancer Foundation, available at [www.komen.org](http://www.komen.org).

younger women are more likely to have dense breast tissue which shows up on an MRI as a light gray and could lead to a false positive report.<sup>3</sup> In this case, an ultrasound could have augmented the MRI results because it could show more angles.

Each individual's body and family history is different, and the more alternatives we have to screen breast cancer, the better chances we will have to detect and treat it earlier.

### **SB 130 AA To Study Health Insurance Coverage for Treatment of Obesity**

PCSW and the Connecticut Women's Health Campaign also support passage of SB 130, which would establish a task force to determine the need for health insurance coverage for treatment of obesity. As you know, obesity has become a major public health concern in this country, and it leads to other more serious –and more expensive–medical conditions that are prevalent among women such as diabetes and heart disease. Any efforts to address this increasing epidemic would be helpful to the citizens of this state.

### **HB 508 AAC Health Insurance Benefits for the Diagnosis and Treatment of Infertility**

Finally, PCSW supports passage of HB 508, which would require health insurance policies to provide coverage for medically necessary expenses of the diagnosis and treatment of infertility. Infertility is a disease of the reproductive system, which affects 6.1 million Americans, or 10% of the reproductive age population.<sup>4</sup> Unfortunately, couples today not only face the emotional pain associated with not being able to have a child, but they also face health insurance obstacles. We support reproductive choice for all women, and we do not believe that infertility treatment should be limited to those with the economic means to pay for it out of pocket. This legislation would allow infertile couples to take advantage of modern treatments, thereby truly providing reproductive choice and access to all.

We urge passage of this bills and thank you for your attention and allowing us to testify on this matter.

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<sup>3</sup> *Ibid.*

<sup>4</sup> Spigel, Saul. *Infertility-Causes, Treatment, Insurance and Disability Status*. OLR Research Report 2005-R-0145, February 3, 2005, available at [www.cga.ct.gov](http://www.cga.ct.gov).

